

City of San Jose Healthy Neighborhoods

Senior Lifestyle Survey - FY 2009-10

Agency Name—(Optional)Program Identification

Today's Date: _____

Please fill in your birth date: Month ____ Day ____ Year ____

Please give us the first initial of your first name: First Name Initial ____

Please give us the first initial of your last name: Last Name Initial ____

Please put an X in the box that best describes your opinion of *Agency Name—(Optional)Program Identification*:

1. I think the program and activity I participated in was:

☐ Poor ☐ Fair ☐ Good ☐ Great

2. I feel I benefited from this program:

☐ Not at all ☐ Some ☐ A lot

3. I thought the people who run the program were:

☐ Very Helpful ☐ Somewhat Helpful ☐ Not Helpful

4. Do you think this program would help a friend or neighbor?

☐ Yes ☐ Maybe ☐ No

Please put an X in the box that best describes your health today, mental and physical:

5. My health overall is:

☐ Poor ☐ Fair ☐ Good ☐ Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)

6. Because of this program, I am connected to people in my community who provide the services that I need:

7. Because of this program, I feel cared for:

More

Less

The Same

Don't Know

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Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>
8. Because of this program, my understanding of how to live a healthy lifestyle is:				
9. Because of this program, my opportunities to interact with others are:				
10. Because of this program, my ability to interact with new people of all ages, both young and old, is:				
11. Because of this program, my knowledge of strategies to avoid smoking is:				
12. Because of this program, my knowledge of who to go to for help when I have a question about my health is:				

18. How many months did you participate in this program (1 month=4 weeks)? ____.

19. Tell us what you liked or disliked most about this program and the activities you participated in.
